



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: RUSH MEMORIAL HOSPITAL

City of Hospital: Rushville

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Ashley Kinder

Email Address: ashley.kinder@rushmemorial.com

Medicare Provider Number: 151304

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$5769535
Outpatient Patient Service Revenue	\$75806356
Total Gross Patient Service Revenue	\$81575891

2. Deductions From Revenue

Contractual Allowance	\$44211734
Other Deductions	\$297155
Total Deductions	\$44508889

3. Total Operating Revenue

Net Patient Service Revenue	\$37067002
Other Operating Revenue	\$948789
Total Operating Revenue	\$38015791

4. Operating Expenses

Salaries and Wages	\$15636401	Employee Benefits	\$3584516
Depreciation and Amortization	\$1741632	Interest Expense	\$207057
Bad Debt	\$4071164	Other Expenses	\$14271310
Total Operating Expenses	\$39512080		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-1496289	Total Assets	\$28388583
Net Non-operating Gains over Loss	\$377097	Total Liabilities	\$15936395

Total Net Gains	\$-1119192
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$39655899	\$24180258	\$15475641
Medicaid	\$15175981	\$11183245	\$3992736
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$26744011	\$9145386	\$17598625
Total	\$81575891	\$44508889	\$37067002

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$26414	\$-26414
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	n/a
Number of Hospital Patients Educated	n/a
Number of Citizens Exposed to Health Education Messages	n/a

Statement Six: Charity Statement

Hospital Charity Charges	\$127247
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$787,947		
Subtotal	\$787947	\$0	\$787947
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$787947	\$0	\$787947

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$6964	\$-6964
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

All information has been provided to the best of our abilities based on the information available to us. Certain information, such as number of hospital patients educated and the expenses associated with it, is not available to us.

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